1	Items#13	e, c, Fillin	OF VITAL RE	CORDS, 301	W. PRESTON	STREET, BAL	TIMORE, MA	RYLANI FLI	0 21201		109	46	
FOR STATE	Items#1	3a, b, c, e	FINEDIC	AD EXAM	MEK 2 TE	RTIFICATE	UF DEAL	III	DATE KNOWN	₹ Month	Doy	Уеог	2b. HOUR
HEALTH DEPT.	1. DECEASED-NAME (Type or Print)	First	0951				OV	1	OF ESTI-				
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2, and 3 PM3. Pa	3. SEX	4. RACE	S. DATE OF BIR		6. AGE (In years last birthday)	MONTHS DAYS		AIN.	Month	Doy _	_ Уеа	nr l	
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hin 24 ncil in niner's pages haurs	16a. WAS DECEASED E		ORCES? var or dates of service)	16b. SOCIAL SECU		7. INFORMANT	0		695-8009	MAM	Blu	FFB	ie.
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ecuted within perdical Exarter	18. CAUSE O	F DEATH (Enter only	ane cause per li	ne far (a), (b), a	nd (c).)							APPROXIMATE II IWEEN ONSET A	
executed inding" in Medical E i permit. F	PART I.	DEATH WAS CAUSED	BY: TE CAUSE (a)			erotic c	ardiovas	scul.	ar disea	ase			
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be "pe ief insit	Conditions, if	ony, which gove	(b)									984-	11/2
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shauld be on ward "pe are ward "pe are the Chief burial-transit in any even	lost.	)	(c)										
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	19a. DATE OF 1			WAS PERFO	RMED?							YES 😾	NO 🗌
T P P P P				INJURY Month, Do	ay, Year 2	1c. HOW INJURY (	OCCURRED (Enter	nature a	f injury in Part 1	or Part 2,	Item 18.)		
NER: T certification in the certification in the ce	PRIMARY CAUSE OF DEA	OR CONTRIBUTING [	HOUR A.I		19							5.000	22.4
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ICAL ES e execu far. Pag ed far CTOR: P burial,		esulted fram:	ANotural caus		cident ,	Suicide .	Homicide		Undetermined	manner		237	350
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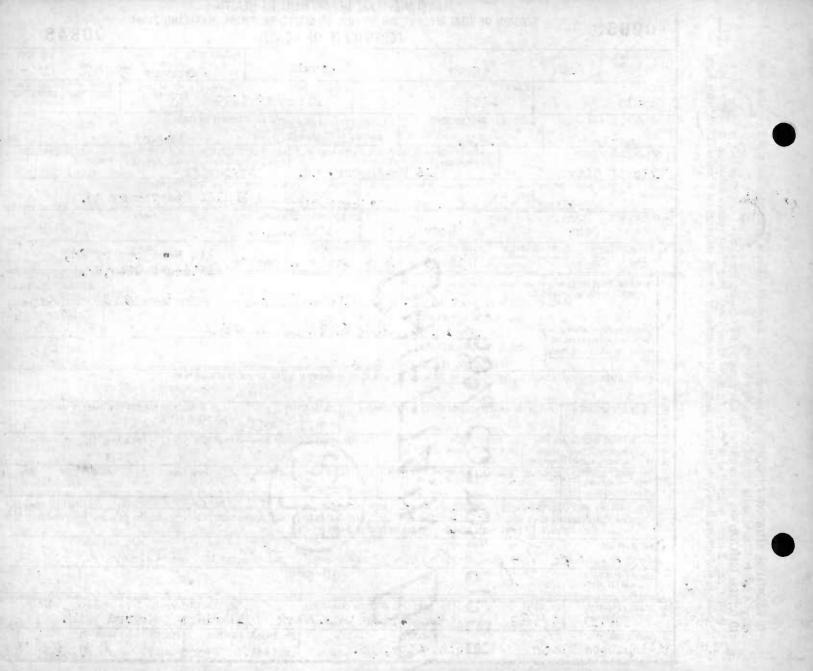
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00947 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Last 2a. DATE KNOWN 2b. HOURA Month Year (Type or Print) ESTI-5ny deloy is 2, and 3 to PM3. Poge DAVID af O EUGENE CARLIN DEATH MATED Jan. 19 169 11:20 Department IE LINDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOURA 2, a. PM3. SEPT 16,1968 Jan. Day Ma le White 19, 19 69 11:20 100 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH s Office olong with form WIDOWED DIVORCED Howard Give Pages the Stote 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
180 Montgomery Rd. during most of working life, even if retired.) INDUSTRY Ellicott City 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE Maryland 188. COUNTY Howard Ellicott City YES NO DO 180 Montgomery Rd. tem 18. 24 hours ofter Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle First Lost hours poges 16b. SOCIAL SECURITY NO 17. INFORMANT the certificate, writing the word "pending" in pencil 4 should be forwarded to the Chief Medical Examin (Yes, na, or unknown) JEREME CARLIN 1110071 File within APPROXIMATE INTERVAL This certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: Interstitial Pneumonitis IMMEDIATE CAUSE event DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if any, which gave rise to immediate cause (a). writing the word any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 00 removal, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES K NO F pe 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 0 21b. TIME OF INJURY Manth, Day, Year 3 should HOUR A.M. PRIMARY OR CONTRIBUTING cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my opinion funerol director. death resulted fram: Natural causes x Accident Suicide [ Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 1/20/69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** moy Heolth Ronald ADDRESS(Street, city, town, or county) NAME (Type) N. Kornblum, M.D. the 50 23a. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) URIA 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE tiginbothom-SIALIC VR A15ME (5) 10M REV. 1/68

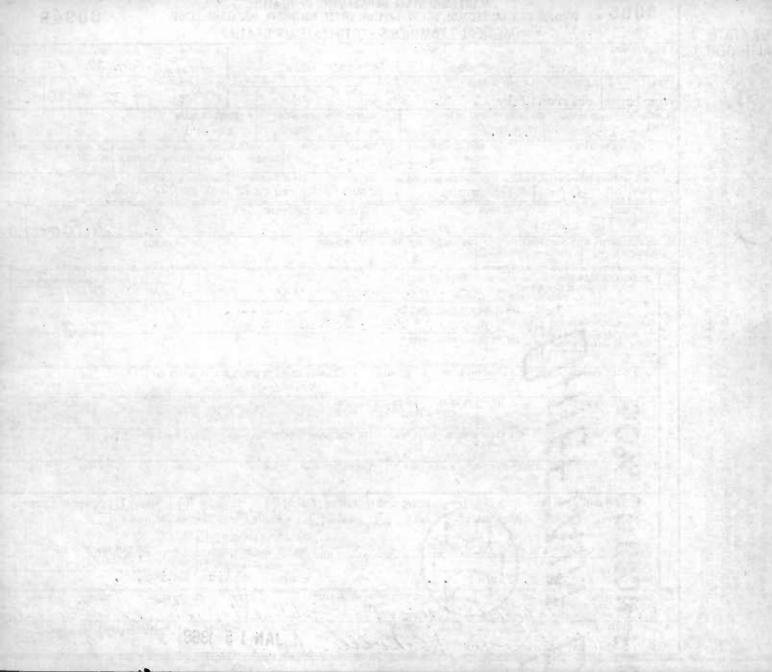
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH



1		0 0 9 5 4 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2	21201	00949
STATE		Items#2a, FilmGh09MEOICAD EXAMINER'S CERTIFICATE OF DEATH	1201	00343
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1.		Type or Print)	ESTI- T	
	3. S	or and the same of	TH MATED DEAD	
		last birthday) MONTHS L DAYS LHOURS MIN 44-		2 Year 19 69 2d. HOUI
	_	The state of the s		1907
	(OUT	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF		
	10. (	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION)		That was as purposes an
	J	give street oddressBox 82A Rt#1 during most of working	g life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
3	13o. o	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN dmission) STATE Md. 13b. COUNTYHOWARD JESSUP YES NO B	reet and number ox 82A Rt#1	
1	14. F	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First	Middle	Last
r		Joseph MARTIN HNNA	Mae	Mitchel
		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS	
	(,	(if yes give was or quies or service)		
		18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	10	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 13 RODCHOPNEUMONIA		asuta
		DUE TO, OR AS A CONSEQUENCE OF		
		Conditions, if any, which gave is to immediate couse (a). (b) MULTICELE STLEROS (S		11 yes.
		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	Shiffer Harris	
		lost. (c)		
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART I(o)	
	NOL	190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION		20. AUTOPSY?
	FICA	WAS PERFORMED?		YES NO NO
	CERTIFICATION	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury	uny in Part 1 or Part 2 I	
۱		PRIMARY OR CONTRIBUTING HOUR A.M.	5.7 AT TOTE 1 OF FOIT 2, 1	10.1
	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. CI	ty or Tawn	County State
I		WHILE NOT WHILE foctory, office building, etc.)	1 0. 10 40	20011
		AT WORK AT WORK		1
		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection		
		death resulted fram: Natural causes 🖳, Accident 🔲, Suicide 🔲, Hamicide 🔲, Unc	determined manner	
		ACTUAL CHIEF MEDICAL EXAMINER		
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	7 /7'	SIGNED 69
		EXAMINER'S NAME (Type) Donald E. Fisher M.D.  DEPUTY MEDICAL EXAMINER  ADDRESS (Street, city Low), G.Q.		
	00			
	230.		ON (City or Town)	(County) (State)
		EUNERAL DIRECTOR 2 1-16-1969 CONVEY MEMORIAL PARK LOW LEWISTRAN	The DECICTORD'S	e Gec. Md.
	1	EUNERAL DIRECTOR  ADDRESS  ASO. REC'D BY REGISTRAR  ADDRESS  ADDRESS  ASO. REC'D BY REGISTRAR  ADDRESS  ADDRESS  ASO. REC'D BY REGISTRAR  ADDRESS  ADDR	69	SIGNATURIAGE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00955 00950 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE 6 COUNTY delay c. LANGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS haurs 313 Pinewick Road alang with far YES NO Give Pages ate NAME OF Middle DATE Month within 72 Lost Doy Year DECEASED an, (Type or print DEATH with S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Hours Dovs Sept. 10, 1902. X WIDOWED DIVORCED event and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) INDUSTRY COUNTRY? Maryland USA any pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Ballbah Mary Deal File and 16. SOCIAL SECURITY NO. 214-01-8319 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Dr. William L. Knoche, 10334 Malcolm Circle Cockeysville, Md. permit. (Yes, no. or unknown) (If yes give wor or dotes of service ar remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit Occ 145ion PART I. DEATH WAS CAUSED BY: oron ary IMMEDIATE CAUSE (o) This certificate should writing the ward cremation, DUE TO Conditions, if ony, which gove (b) rise to immediate cause (o), farwarded ta DUE TO o stoting the underlying couse OS burial WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO X the certificate agent, priar ta 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld EXAMINER: CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While yaur DIRECTOR: Page please execute ot work designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry (X) and in my opinion for funeral directar. Undetermined manner deoth resulted from: Notural couses Accident Suicide Hamicide | retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY necessary, 10 Health ( Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREO 23d. LOCATION (City or Town) (County) (Stote) 50 BHOVA (Spacify) 1/9/69. Lorraine Park Cemetery Baltimore, Md. 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Klanles MAN 8 VR A15ME (5 Leonard J. Ruck, Inc. Balto. Md. 21214 6M 1/66

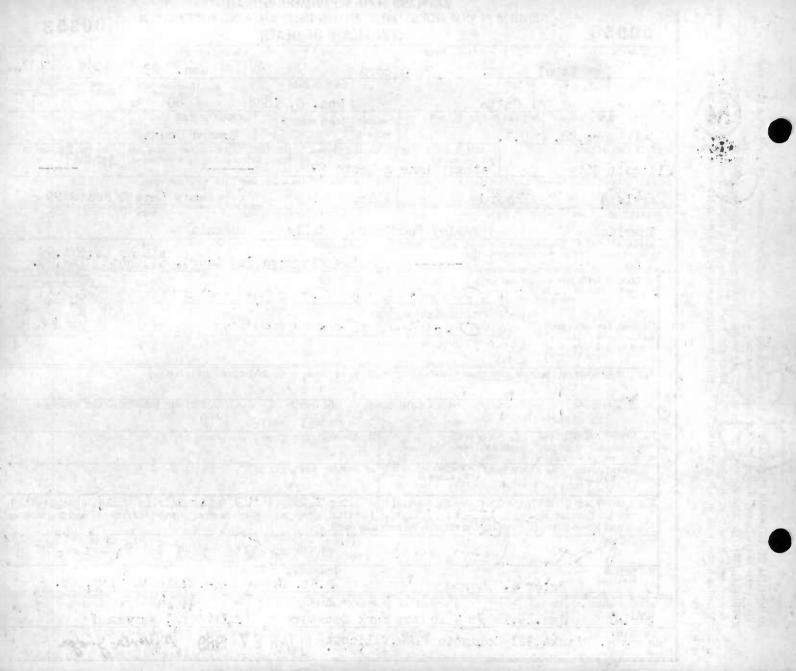
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# # # # # # # # # # # # # # # # # # #	3. SI		4. RACE		S. DATE OF BIRTH		6. AGE (In years	IE UNDER 1 YEAR IF UNDER 24 HRS.
s af the second		FEMALE	NEGRO		6-23-1	.910	last bigligay) YRS.	MONTH'S DAYS HOURS MIN.
thin 24 hours after deoth filled in by the funerol in popers. Pages 1 Dad 3 ithin 72 hours/after death	70. (cour	BIRTHPLACE (State or foreign aftry) . MD	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIE WIDOWE	NEVER MARRIE	TO IN	HOWARD	Md.
fill gift	10. (	ITY OR TOWN OF DEATH  DAYTON	11. NAME OF HOSPITAL OR give street address)	1-	-		PATION (Kind of work done projection)	12b. KIND OF BUSINESS OR INDUSTRYONE
we car event	13o. odm	USUAL RESIDENCE (Where deceosission) STATE MD	sed lived, if institution: Residence befor 13b. COUNTY HOWARD	DAY		I. INSIDE CITY LIMITS?	13e. STREET AND NUMBER HOWARD RD,	
	14. 1	ATHER'S NAME First WILLIAM	Middle Lost	LES	IS. MOTHER'S MAID	EN NAME First ANNIE	Middle R.	THOMAS
ertificate be physician o nen please i ovol, ond in	160.	WAS DECEASED EVER IN U.S. AR/	MED FORCES? war ar dates of service)  16b. SOCIAL SECURIT	Y NO. 17	INFORMANT MRS I	NEZ BAIL	Address E Y	ELECTRICAL PROPERTY.
e = = =		PART I. DEATH WAS CAUSE	IATE CAUSE (a)	ACH	EXIA			APPROXIMATE INTERVAL BETWEEN DISET AND DEATH  / NONT / /
equires that the deatly physician. signed by the ottendi buriol-tronsit permit. buriol, cremation, or respectively.		Conditions, if ony, which gove rise to immediate couse (a),	(b)C 11 1 1 -	STINI	AL 01351	RUCTION	V DUE TO	1 YEAR
equires tha physician. signed by buriol-tron buriol, crer		stoting the underlying couse lost.	(c) LARGE	45	RINE I			
n required in a	NC	COMPLETE	NOTIONS CONTRIBUTING TO DEATH BUT	L MA	ENTAL 1	RETAR	DATION	
IAN: The law requires the factor of a contending physician ficate has been signed by for use as the buriol-troid Heolth prior to buriol, are	CERTIFICATION	19a. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPS	NO X	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
PHYSICIAN: The law e hospital or attendinhis certificate has beet stacked for use as the Dept. of Health prior the	MEDICAL CER	210. ACCIDENT WAS UNDERLYIND DR CONTRIBUTING CAUSE OF DEA (If either, natify medical exami	HOUR A.M. Manth Day Ye	19			of injury in Part 1 or Port 2,	tem 18.)
iNG PHYSIC by the hospit ffer this certi foe detached State Dept. of	WE	21d. INJURY OCCURRED 21e. While Not while at work	P. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f.	LOCATION Street of	or R.F.D. No.	City or Town	County Stote
OR ATTENDING PHYSICIAN be retained by the hospital DIRECTOR: After this certifica je 3 shauld be detached for ed with the State Dept. of He		22a. I certify that (I) (the	nis hospital) attended the decedalive an	190 /	nd that in (my)	, 19 <b>-7.6</b> , <del>(oar)</del> apinian d	ta, 19_ leath accurred an the da	67, that (I) <del>(we)</del> last te and haur and fram the
Page 4 may be retained for FuneRAD prectors: A director, page 3 shauld be filed with the should be should		22b. SIGNATURE Chas	les S White		GREE PHYS.		STAFF 22c.	DATE SIGNED 1/13/69
ro Hospital Or Page 4 may be or Funeral Diff director, page should be filed		22d. PHYSICIAN'S NAME (Type)			• -	MRICSVI		
TO HOSPII Page 4 m TO FUNER, director, should b		BURSPECITY) 1.	DATE - 17 - 69 BROL	SWS C	PR CREMATORY CHAPEL C	SEM. D	/	(Caunty) (State)  OWARD M.D.
VR A15 30M REV. 288	24.	EUNERAL DIRECTOR L.	Snowden Rose	kville	le med o	SO. REC'D BY REGIS	TRAR 2Sb. REGISTRAR'S	SIGNATURE SIGNATURE

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3.			BECCA H	N	EVITT	1		Day 69 Ye	ar 1.845A <sub>M</sub>
3.	SE)	FEMALE	4. RACE WHITE	2	MAY 2,	1885	6. AGE (In year lost Bighdoy)	YRS. IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
70 N	o. B	RTHPLACE (Stote or foreign RTH CAROLINA	7b. CITIZEN OF WHAT COUNTRY?	WIDOWED		9. COUNTY	OF DEATH HOWARD C	OUNTY	Md.
E	CL.	Y OR TOWN OF DEATH		HOSPIT	rin hospital 12a. US DAL during		ON (Kind af wark ing life, even if reti		ND OF BUSINESS OR TRY
/ ac	30. l dmis	ISUAL RESIDENCE (Where decease sian MARYLAND N.J.	ied lived, if institution: Residence before 13b. COUNTY HOWARD	ELLICO ELLICO	YES X	NO D	STREET AND NUMB		ort Gap Rd
14	4. F/	THER'S NAME First Archiba	1d Middle Hender	son Is.	MOTHER'S MAIDEN NAME	First Alice	Mid	Joh	nson
10	6a. Ye	WAS DECEASED EVER IN U.S. ARM s.no. or unknown) (II yes give wo	MED FORCES? rar or dates of service)		FORMANT C. Neviti	111	6 Darle		Egrest
		PART I. DEATH WAS CAUSED IMMEDIA  Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	ľ	THE TERMINAL DISEASE O				WERN ONSET AND GEATH YEARS
OLEVANIA	TEIC		CONDITION FOR WHICH OPERATION WAS PER		20a. AUTOPSY? YES NO [	CAL	. IF YES, WERE FIND ISES OF DEATH?	37.0	IN CERTIFYING
	4	21o. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examin	rn HOUR A.M. Month Doy Year ner) P.M. 19		W INJURY OCCURRED (Er				
1		at work at work	PLACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.				City or Town	County	State
	ı	220. I certify that (I) (thi	is hospital) attended the deceose	d from ond oady ofter de	thot in (my) (our) oeath.	_57_, tos pinion deot	h occurred on t	he dote ond h	thot (I) (we) last nour ond from the
		couses stoted above	e, (I) (we) (did) (did not) view the I					DATE CION	ED
		couses stoted above	e, (1) (we) (did) (did not) view the l	D DEGRE	E PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGN 1/7/	
		22b. SIGNATURE	ig J. TAYLOR, M.D.	h. D	E PHYS.		STAFF PHVS. D	1/7/	69

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FOR STATE		00953	ME	DICAL EXAM	AINER'S C	ERTIFICATE	OF DEATI	H		0095	2
HEALTH DEPT.		ECEASED-NAME Fir		Mid	dle	Last		2a. DATE KNOWN	Month Do	y Year	2b. HOUR
2 0 e 0 s	(	Type ar Print) John	1	F.		Roache		OF ESTI- DEATH MATED	1 7/	1 1969	M
P 36.	3. S		S. DATE C		6. AGE (In years	IF UNDER TYEAR	IF UNDER 24 HRS.	2c. DATE PRONOUNCED	DEAD		2d. HOUR
ny deloy is 2, and 3 to PM3. Page portmen of		male white	77/3	30/1890	78 YRS	MONTHS DAYS	HOURS MIN	Monthan	Day 7 /	Year 1969	M
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De De	Pont	(ty) Maryland		J.S.A.		_	RCED [	Howard			MA
death. Iny deloy is Pages 1, 2, and 3 to with farm PM3. Page to State Deportment of	1D. (	ITY OR TOWN OF DEATH	-	11 NAME OF HOSDIT	AL OD INCTITUTION		12a. USUAL	OCCUPATION (Kind of war	rk dane 12t	. KIND OF BUS	NESS OR
after death  8. Eve Page  enn with  with the Sta		Ellicott Ci	tv	give street address)	96 Fels	Ave.	during most	of working life, even if Coast Guard	etired.) IND	oustry ret:	inad
the the	13a.	HISHAL PESIDENCE (Where doce					d. INSIDE CITY LIMITS?	13e. STREET AND NUME		100.	LICA
18 after 18 death	0	dmission) STATE Md.	13b. COUN	Howard	Elli	cott City	YES NOX	96 Fela	Ave.		
Ite Office	14. 1	ATHER'S NAME Fjrst	٨	Middle	Last	1S. MOTHER'S MAIL				Lost	
24 hour in Heart r's Offigers 1 ond ins offer		UNKNIG	WN				UNKI	rewor			
hin 24 ncil in 1 niner's ( pages 1 hours c		WAS DECEASED EVER IN U.S. ARMEI	FORCES?	16b. SOCIAL SE	CURITY NO.	7. INFORMANT		103 Felandris	Ş		
vith omi e p	(,	es, no, or unknown) (If yes gr	re war ar dates of se	276 24	7622	The Many	Winklas	Elliott C	**** 153	270/	2
in 7			nly ane cause			A STATE OF THE PARTY OF THE PAR	SUMMED STORE	7		APPLICATIONAL BETWEEN ONSET	INTERVAL
rute ng" dica dica rmit		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY: IATE CAUSE (o)	tirteno.	sclenti	c Cardo	o vesc	alon disea	50	104	W.
Mec pe		4124	1-1	O, OR AS A CONSEQU		1500	10.00019			1	
be "pe "pe nief onsit		Canditions, if any, which gave							200		
ord ord 	13	rise ta immediate cause (a), stating the underlying cause	1 ,	O, OR AS A CONSEQU	ENCE OF		D/H-d	4.4 - 11 - 05	100	The Party	4000
shours with the unio		last.	) (c)								
te the date of the lind		PART 2. OTHER SIGNIFICANT COM	DITIONS CONTE	RIBUTING TO DEATH I	BUT NOT RELATED	TO THE TERMINAL D	ISEASE OR CONDIT	TION GIVEN IN PART 1(a)			
fico fing rde as as	z	State m.									
This certificate should be executed within 24 hours ficate, writing the word "pending" in pencil in Item 11 be farworded to the Chief Medical Exominer's Office. Id be used as a buriol-transit permit. File pages I and 2 or remayal, and in any event within 72 hours ofter d	ATIO	19a. DATE OF OPERATION	11-0-1		N FOR WHICH OP	RATION				2D. AUTOPSY	?
ope u	TIFIC			WAS PERI	-OKMED?	100				YES 🗌	NO D
	MEDICAL CERTIFICATION	21a. EXTERNAL CAUSE WAS PRIMARY () OR CONTRIBUTING	21b. TIA	NE OF INJURY Manth, I UR A.M.	Day, Year 2	1c. HOW INJURY OC	CURRED (Enter no	iture of injury in Part 1 or	Part 2, Item	1B.)	
INER: INER: should files. 3 shou	DICA	CAUSE OF DEATH		P.M.	19						. 31
MIN the 4 sh ur fill le 3 semat	W		PLACE OF INJU actory, office b	JRY (At home, form,	street,	If. LOCATION Street	or R.F.D. No.	City ar Tawn		Caunty	State
bical Examiner: se execute the certification. Page 4 should need for your files. ECTOR: Page 3 should buriol, cremation.		AT WORK AT WORK		g,,		1.1.200	Elva III				. 144
xect for for riol,	-3	22a. I certify that I	taok chorge	of the remains d	escribed abav		* Comment	· Comment	uiry 🛛	ond in m	y opinion
olCo crtor. bed bu		death resulted fram:	Natural	causes A	Accident,	Suicide,	Hamicide [	], Undetermined r	manner [		
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TO DEPUTY DICAL EXAMIN necessary, please execute the the funeral director. Page 4 sh 5 may be retained for your fine FUNERAL DIRECTOR: Page 3 Health prior to buriol, crema	230	REMOVAL (Specify)	D. DATE		AME OF CEMETERY		23	d. LOCATION (City or Tow		unty) (Si	tate)
	24	hurial	1/17/69		Good Sh	epherd	DEC'D ON E	Ellicott Ci	tv.N.	Judge	
VR A15ME (5)		FUNERAL DIRECTOR Higinbothom Sl	ack	Ellicott	City. Mc		DAJAN 2	2 1969 25b FREE	OTEN NAME OF	HAMIRE O	
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HEALTH DEPT.		ECEASED-NAME Type or Print)	First	4-3-4-	Midd	lle	Lost		20. DATE KNOWN.	Manth	Day Yea	r 2b. HOUR
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			Md.	V	Howard		licott	YES NO	Box 8456		eshoe	Rd.
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3 SEL ST	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCURRED			t hame, farm, s		1f. LOCATION Street	ar R.F.D. No.	City or Town		County	Stote
EXAM ute th oge 4 your Poge , crem		WHILE NOT WHILE	factory	, office building	, etc.)						15-91	
Po Po Per idi,		22o. I certify	that I took	charge of th	e remoins de	escribed obov	e, held an Auto	ipsy XX, Ins	spection , Inc	quiry ,	ond in	my opinian
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B	24.	FUNERAL DIRECTOR	4/1	1	11	ADDRESS	6.1	250. RECIDENT AS	GE RA 196925b. R	Eistgharssyl	CANUS	8
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MARYLAND STATE DEPARTMENT OF HEALTH

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